## SPECIMEN APPLICATION

OPEN COMPETITIVE EXAMINATION FOR RECRUITMENT TO THE POST OF ASSISTANT VALUER OF CLASS II GRADE II IN THE CATEGORY OF FIELD / OFFICE BASED OFFICERS SEGMENT 2 IN SRI LANKA VALUATION DEPARTMENT - 2021

N.B.—The top left corner of the envelope containing the application should clearly bear the words "Recruitment to the

Post of Assistant Valuer of Class II Grade II in the category of Field / Office based Officers Segment 2 in Sri Lanka Valuation Department - 2021" and applications should be sent via registered post to reach The Commissioner General of Examinations, Organizations Examinations Branch, Department of Examinations, P.O Box 1503, Palawatta, Battaramulla. (For Office Use Only) Language medium of the examination Sinhala -2, Tamil - 3, English - 4 (Write relevant number in the cage) (1) Name of the Applicant: 1.1 Name with initials at the end In English Block Capitals (Ex: SILVA, A.B.) 1.2 Name in Full: (In English Block Capitals) 1.3 Name in Full: (In Sinhala/ Tamil) Personal Address: (2) In Sinhala/ Tamil: (Any change in the address should be immediately informed) Address to which the applications should be sent (In English Block Capitals): (3) Sex: (Male - 0. Femle - 1) (Write relevant number in the cage) National Identity Card No.: (5) Mobile No.:

Marital Status: (Single - 1, Married -2) (Write relevant number in the cage)						
Ethnicity; (Sinhala - 1, Tamil - 2, I.Tamil - 3, Muslim - 4, Other - 5) (Write relevant number in the cage)						
Date of Birth : Year : Month : Date :						
Age as at the Closing Date of the Applications:						
Years : Days :						

(6)

(7)

(8)

(9)	Please mention whether you are a citizen of Sri Lanka by descent or by Registration. (If by registration, please specify)				
(10)	Educational/ Professional Qualifie	eations:			
	Examination/ Degree	Effective Date	University/ Institution	Subjects	
(11)	11) Current and previous Professions (if any):				
	Post	From	То	Annual Salary	
(12)	Have you ever been dismissed from (If yes, please specify)	om a post in the Public	: Service?		
(13)	3) Are there any departmental disciplinary inquiries against you (if already employed in the public service)?				
(14)	Have you ever been convicted guilty at any Court of Law?				
(13)	i. Post Office/ Sub Post Office to which the Fee was paid: ii. Amount Paid: iii. Date of Payment: iv. Receipt No:				
	Affix the Original of the Receipt so as not to get detached. (Keep a Photocopy at your Custody)				
				nd correct. I am aware that if any	
	ticulars contained herein are foun vice if the inaccuracy is detected a		le to disqualification before app	pointment and to dismissal from	
reg	I also agree to be bound by and to the conducting and issuing			er General of Examinations with	
	Signature of the Applicant.				
Da	Date :				

Attestation of the Signature of the Applicant (Please delete the words	s inappropriate)			
I hereby certify that Mr./Mrs./Miss.	(Full Name)who			
submits this application is known to me personally and that he/she placed				
2021 and further the officer has paid the prescribed examination fee and pasted the receipt on the applications.				
	Signature of the Attester.			
Name of the Attester	Signature of the rittester.			
Post :				
Address:				
(Place the Official Frank)				
Date				
Recommendation of the Head of the Institution, if the applicant is serving Corporation:	at a Public/ Provincial Public Service/Government			
I hereby certify that Mr./Mrs./Missapplication is known to me personally and that he/she is serving at				
Government Corporation) and has not been subjected to any disciplinar				
examination fees and affixed the receipt herein, and signed this application				
be bound by the rules and regulations imposed by the Commissioner General and issuing results of this examination.)	eral of Examinations with regard to the conducting			
In the event the officer is selected to be appointed to a Post of As				
based Officers Segment 2, he/ she can be released from the service at this	s Department/ Corporation.			
	,			
	Signature of the Head of the Institution.			
Full Name of the Head of the Institution :				
Post: Office Address:				
(Place the Official Frank)				
Date				